

# PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

10/641720

## APPLICATION AS FILED - PART I

(Column 1)		(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))							
SEARCH FEE (37 CFR 1.16(a), (i), or (m))							
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))							
TOTAL CLAIMS (37 CFR 1.16(f))							
INDEPENDENT CLAIMS (37 CFR 1.16(h))							
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(g))							
* If the difference in column 1 is less than zero, enter "0" in column 2.							
			TOTAL			TOTAL	

## APPLICATION AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT A	10/19/05							
Total (37 CFR 1.16(p))	27/5	Minus	75	25		OR	50	
Independent (37 CFR 1.16(q))	2	Minus	19	100		OR	200	
Application Size Fee (37 CFR 1.16(s))								
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(g))								
				TOTAL ADD'L FEE			TOTAL ADD'L FEE	
AMENDMENT B	3/27/06							
Total (37 CFR 1.16(p))	25	Minus	75			OR		
Independent (37 CFR 1.16(q))	2	Minus	19			OR		
Application Size Fee (37 CFR 1.16(s))								
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(g))								
				TOTAL ADD'L FEE			TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.  
 \*\* If the Highest Number Previously Paid For is 0, the entry in column 3 is 0.  
 \*\*\* If the Highest Number Previously Paid For is 0, the entry in column 3 is 0.  
 The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The collection is required to obtain or retain a benefit by the public which is to be paid by the USPTO to process an application. Confidentiality is provided by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application to the USPTO. Time will vary depending upon the individual's use. Any comments on this collection of information should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

101 641720  
2863-68281

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	75	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	75 minus 20 = *	55
INDEPENDENT CLAIMS	19 minus 3 = *	16
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus **
	Independent	*	Minus ***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus **
	Independent	*	Minus ***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus **
	Independent	*	Minus ***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

### SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

### OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	750.00
X\$18=	990
X84=	1344
+280=	280
TOTAL	3364

### SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

### OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	